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CONFIRMATION NO. 6912

<b>SERIAL NUMBER</b> 10/526,756	<b>FILING OR 371(c) DATE</b> 03/04/2005 <b>RULE</b>	<b>CLASS</b> 454	<b>GROUP ART UNIT</b> 3749	<b>ATTORNEY DOCKET NO.</b> CU-4104 RJS
<b>APPLICANTS</b> Agne Nilsson, Limassol, CYPRUS;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/01372 09/04/2003 <i>PF03</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0202618-5 09/04/2002 <i>PF03</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>Patrick S. O'Reilly III</i> Initials		<b>STATE OR COUNTRY</b> CYPRUS	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> <i>89</i>
<b>INDEPENDENT CLAIMS</b> <i>82</i>				
<b>ADDRESS</b> 26530				
<b>TITLE</b> System, device and method for ventilation				
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	